Hahn Ob-Gyn Associates

Automatic Credit Card Billing Authorization Form / Auto Draft

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

This form must be mailed, faxed or dropped off at our office. We must have your signature to validate the form. Our fax number is 314-344-8102. Our main mailing address is Hahn Ob-Gyn Associates, 3466 McKelvey Rd., Bridgeton MO 63044

Customer Information (To be completed by merchant)	
Customer name:	Customer account number: Phone:
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Payment Information (To be completed by merchant)	
I authorize Hahn Ob-Gyn Associates to automatically bill the card listed below as	
specified:	s to automatically bill the card listed below as
Amount: \$ Frequenc	y: □Weekly □ Bi-weekly □Monthly (Check only
one)	
Start billing on: / /	
End billing when: Account is pa	
Customer pro	vides written cancellation.
Credit Card Information (To be completed by customer)	
Credit card: □Visa, □ MasterCa	ard
Credit card number:	Expires: /
Cardholder's name (as shown on credit card):	
Caramorati s name (as snown on electic cara).	
Customer's signature:	
Dates	
Date:	